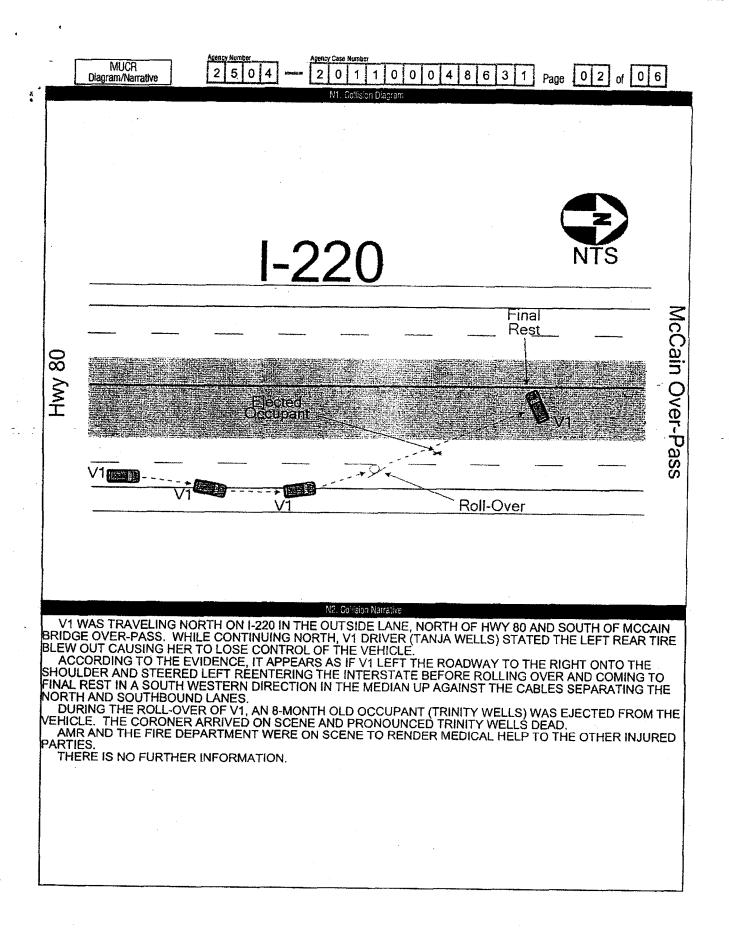
STATE OF MISSISSIPPI Agency Number Agency Case Number				
UNIFORM CRASH REPORT 2504 — 2011100048631 Page 01 of 06				
JACKSON POLICE DEPT GZ. Status Code C P U				
G3. Reported Date (MM/OD/YYYY) G4. Reported Time (2400) G5. Officer Time Arrivst Time (2400) Arrivst Time (2400) G6. Vehicles G7. Killed G8. Injured 1 3 0 3 1 5 4 3 0 1 0 2 0 9				
G9. Address Number G10. Street Name G11. Hwy/County Road # G12. Trafficflow Direction N O E O S O W				
613. Int. O Y				
G18. City Name JACKSON				
Crash with OMV in Road Rear end slow or stop Readway Readway				
SIERRA Show Signature High winds is Show WITNESS(ES) G30. First Name M Last Name M Last Name SESSIONS SHANNON PORTER				
G31. Address G32. Phone Number G39. Address G40. Phone Number G 0 1 8 2 6 2 3 1 6				
G33. City G34. State G35. Zip Code G41. City G42. State G43. Zip Code M S M S				
G36. Sex ○ M ● F G37. Age G44. Sex ○ M ● F B45. Age				
G46. Badge Number G47. Investigating Officer Name (Please Print) G48. Officer Signature G47. Investigating Officer Name (Please Print) G48. Officer Signature G47. Investigating Officer Name (Please Print) G48. Officer Signature G47. Investigating Officer Name (Please Print) G48. Officer Signature				
G49. Reviewing Badge Number G50. Reviewing Officer Initials G51. Photos Taken G52. Photographer and Bedge # 1 8 9				



MUCR Person/Occupant 0 1	P0. Person * Agency Number Agency 0 0 1 2 5 0 4 - 2 0	Case Number 0 0 0 4 8 6 3	3 1 Page 0 3 of 0 6
P1. Person Type Driver Pedestria	n OBicyclist OSkater OOth	er non-motorist Offrain Engineer	O'Hit and Run Driver OLE
P2. Driver Licenses 800285093 P5. D08 (MM/DD/YYYY) 1 2 / 1 9 / 1 9 8 P6. First Name	P3. State M S Sangle Sa	Regular Operator CDL Class Regular Operator A Motorcycle B Class D (MS only) C	Shoulder & Lap Bett None None Cap Bett Automated Restraint None None Cap Deft Cap Bett
TANJA P7. Address 3910 OLD BRANDON ROAD P9. City	WELLS P3. Phone Number # K-77 P10. State. P11. Zip Code		Shoulder Belt Child Safety Seat Helmet Shoulder Belt Not O'Partially O'Totally
PEARL	M S 39208	OSuspended OOther	Extricated N OY
O Y P 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.50 1 2 2 1 1 1 1 1 1 2 2 1 1 1 1 1 1 1 1		
Not Transported OPolice MS OPrivate Vehicle	O Hearse P17. EMS 0 1 7 5	P18. Medical 0 1 9 9	Left Center Right Deployed - Front Not Deployed
	sty Intoxicated St. O Unknown	OPushing vehicle	O Deployed - Side O No Airbag O Deployed - Both
Hit and Run Affecte	by Exhaust Furnes C Entering/Crossing Roadwa		Alexandal Test Information Serum
	orugs - Impaired Walking/running/playing/o	cycling Playing/working on vehicle	O Blood O Urine O Breath
	Lab Results 🔯 🔾 Working	◯ Standing	None given Test given Test given, pending
Mo Apparent Improper Driving Falled to Yield Right of Way Following Too Closely Speed Too Fast For Conditions	Made Improper Turn Left of Center Failure to keep proper lane/Run off road Avoidance	Passed Stop Sign	Drug Test Information
Driving Under The Influence	Drove on Wrong Side of Road	Pedestrian Actions Ran Red Light	None O Serum O Blood O Urine
Faulty Equipment	Fatigued/Asleep Illegally Crossing Median	☐ Roadway Defects ☐ Visibility Obstructed	None given OTest given, pending Test refused OTest given
Exceeded Lawful Speed improper Passing/Overtaking	☐ Improper Lane Change ☐ Lying and/or illegally in roadway		Ê 👼 Cellular Phone In Use? ◯Y 🌰 N
00. Vehicle #: 01. First Name 0 1 TANGALA 02. Address	WELLS DON ROAD # K-77 OS. State	Front-Middle 3rd 3	I-middle I-fight Eper of Truck Cab Id. Pass/Cargo Area End. Pass/Cargo A
Ø		i Not S None C Life Thr Partially C Complaint of Pain Totally S Moderate C Killed	eatening Deployed - Front Not Deployed Deployed - Side No Airbag Deployed - Both
	Not Transported Police Hears EMS Private Vehicle	Agency Code 0 1 7 5	017. Medical 0 2 4 0
00. Vehicle #: 01. First Name O 1	WELLS 05. State	2nd-left C Enc	
M Write O Hispanic F B Black Other	0 2 0 N N N N N N N N N N N N N N N N N	Child i (III 🕳 🕳	ved Vhcl./Trailer Helmet
Nij. Xveti	○ Not Transported ○ Police ○ Hears	e 016. EMS 0 1 7 5	O17. Medical O 1 9 9

MUCR V0, Vehicle V1. Total Occupants Agency Number Agency Case Number V2 0 1 1 1 1 2 5 0 4 — 2 0 1	1 0 0 0 4 8 6 3 1 Page 0 4 of 0 6
Vehicle Information v. wv	Övner information V12. Owner Name
3 G N F K 1 6 T 2 1 G 1 5 3 5 6 1 Driver	TANJA WELLS
V2. State V3. Year V4. License Plate Number V9. Damage	V13. Address
MS 2011 REX 729 00	3910 OLD BRANDON ROAD # K-77
V5. Make V6. Model Year V10. Speed Zone	V14. City V15. State V16. Zlp Code
C H E V R O L E T 2 0 0 1 7 0 V17. No Pri	PEARL MS 39208 V16, Insurance Company Name V19, Policy Number
SUBURBAN of Insuran	713. Taky number
Collision w/ Person, Vehicle/Non-fixed Object Non-Collision Collis	sion w/ Fixed Object Vehicle Damaged/Destroyed
	O O Attenuator/Cushion State Property? O Y • N
(
Managan T 立: T T T T T T T T T T	State Property Darmaged (Select all that apply):
O O O O Parked Vehicle O O O O Fire/Explosion	O O Ditch
	O O Embankment
	Guardrall Guardrall Other (See Narrative)
	O O Malibox
	O O Post/Pole/Support Stopped O Leaving Parking
O O O O Overturn/Rollover	OOO Tree Slow/Stop in Road O Overtaking/Passing
O O O Unit Separation O	O Other Fixed Object Parked Parked Parking Position Backing Making U Turn
- QOOO Downhill runaway	O Making Aight Turn O In Tow
O Passenger Car O Bus O School (Public/Private) O Pickup Truck O Truck/Tradou/Trailer(s)	N None
SUV O Farm Tractor Survivatationwaggg O Farm Engineers	OOOOOUnder NWO NE O Right only
Van/Stationwagon Farm Equipment Onams O Ref Veh Towing Trailer Emergency Vehicle O Intercity	O Vertum
S O Motorcycle O Other S O Other	O None Buth Sides O Separate
O RV O Universión Truck O ATV O Train	SW I S
V22a. Hazmat Placard/Cargo?	S y Signed
O Channel-Painted O Officer Straight/Level O Bridge O Channel-Physical O RR Flashing Signal O Interpret the goods O Officer O Officer	◆ 2 Lane → 3 Lane ← Asphalt
RR Signal & Gate	Concrete
Rashing Signal (Red) Signal Signal Signal Stop Signal	Parking Lot One Way
O No Passing O Raitroad Sign	1 Lane Unpaved Gravel
Q Q Q	O Other
V27. Device Functioning?	
V33. Towed? V33a. Due to Disabling Damage?: V34, Authority: \ Yes \ No \ Yes \ O No \ O wner \ Police \ O Other	PEARL AUTOMOTIVE
Commercial Vo	
C1. Carrier (D Number: C2. Authority: Ous DOT O State O Mexico O MC O Canada	C10. Commodity Haused
C3. Carrier Name	OTO. COMMISSION FIGURE
	C12. HAZMAT Released
C4. Carrier Address	C11. Placard ID O Yes O No
	Passenger Car (only if has HM Placard) Truck/Trailer(s) Single-Linit Truck with Trailer(s)
C5. City C6. State C7. Zip Code	Ulght Truck (only if has HM Pacard) Truck/Tractor (Sobtail)
	Bus (seats 9-15 incl. driver) Truck/Semi-Trajer(one trajer)
C8. GWNP/GCWR Auto transporter Cargo tank Pole	Bus (seats 16 or more, incl. driver) Tractor/Doubles(two trailers)
O 10,000 lbs or less O Bus (seats 9-15 incl. driver) O Flatbed O Log	Strople-Unit Truck (2 autes, 6 tines) Tractor/Triples (three trailers)
O 10,001 lbs to 26,000 lbs O Bus (seats 16 or >, incl. dr/ver) O Garbage/refuse O Uniter Towing Motor Vehicle O Intermodal O Other	Other Heavy Truck (> 10,000 lbs)
Greater than 26,000 lbs Output Out	C14. Carrier Types
g Grain/chips/gravel	Ontrastate Not in Commerce - Government Other Operations/Not Specified

	MUCR	Agency Number Agency Case Number	
Add	ditional Occupants		0 0 4 8 6 3 1 Page 0 5 of 0 6
ti.		100cupant	
O 1	TRINITY	M Last tiums WELLS	Ci Front-Driver ○ 3rd-middle □ Shoulder and Lap Belt ○ Front-fyliddle ○ 3rd-right □ None
02, Address	03. Address	I J WELLS	Front-right Sleeper of Truck Cab 🚪 🗌 Lap Belt
	3910 OLD BRAND		S ○ 2nd-left ○ Encl. Pass./Cargo Area ☐ Automated Restraint
01	PEARL	M S Unborn Child	2nd-right
		E S C Nmt	3rd-left O Towed VhoL/Trailer Helmet S O None O Life Threatening O Deployed - Front O Not Deployed
	White C Hispanic	0 8 M O Partially	Complaint of Pain Deployed - Side Mo Airbag
F B	Black Other	6 OY OY S ♠ Totally	Moderate Killed Deployed - Both
		○ Not Transported ○ Police ♠ Hearse ○ EMS ○ Private Vehicle	016. EMS
	8	O EMS O Private Vehicle Occupant	recinity code
00, Vehicle #:	01. First Name	M Last Name	Front-Oriver 3rd-middle Shoulder and Lap Bet
0 1	DEJUAN	WELLS	Front-Middle 3rd-Aight Front-right Sleeper of Truck Cab Tuber Ca
02. Address Same as	03. Address		2 nd-left O Encl. Pass./Cargo Area Automated Restraint
Person #	04. City	O5. State	② 2nd-middle ○ Unend. Pass/Cargo Area ② □ Shoulder Belt □ 2nd-right ○ Riding on Extentor □ □ Child Safety Seat
	<u></u>	M S Unborn Child	
à	White Hispanic	O M E N ON	O None O Life Threatening O Deployed - Front O Not -Deployed
E OF E	Black Other	CPartially	Complaint of Pain Deployed - Side No Alrbag Deployed - Side No Alrbag
		Not Transported Police O Hearse	016 PMS 017 Medical
	× sin	EMS O Private Vehicle	Agency Code 0 1 7 5 Facility Code 0 1 9 9
		Оссирапт	
00. Vehicle #:	01. First Name CALESIA	WELLS	Front-Driver O 3rd-middle I Shoulder and Lap Belt O Front-Middle O 3rd-right S None
02. Address Same as	03. Address	LJ [MCLC3	Front-right O Sleeper of Truck Cato
Person #	O4. City	O5. State	2nd-middle O Unencl. Pass/Cargo Area D Shoulder Belt
	V4. Gty	M S Unborn Child C	2nd-right O Riding on Extenior Child Safety Seat 3rd-left O Towed Vncl./Trailer Helmet
§ OM § (White O Hispanic	O W G N O N O N O N O N O N O N O N O N O N	None O Life Threatering O Deployed - Front O Not Deployed
χ; τ. χ.		S 0 1 S Partially	Complaint of Pain Deployed - Side No Airbag
	Black Other	5 OY 5 OY Totally	S Moderate Nitiled Deployed - Both
		○ Not Transported ○ Police ○ Hearse EMS ○ Private Vehicle	016. EMS
		Occupant	
1 1 1 1	01. First Name	M Last Name	Front-Driver 3rd-middle Shoulder and Lap Bet
	RAYKHIA 03. Address	NICHOLS	Front-Middle 3rd-fight
Same as Person #			2nd-left O Encl. Pass/Cargo Area
	04. City	O5. State Unborn Child	O 2nd-right O Riding on Exterior 🗧 🗌 Child Safety Seat
	_	E S G Not	☐ Srd-left ☐ Towed Vhcl./Trailer ☐ Helmet ☐ None ☐ Life Threatening ☐ Deployed - Front ☐ Not Deployed
	T 1884		
	White O Hispanic		
	Black Other	O M B N O Partially O Y O O Totally	
10	τ.	O M B N B O Partially	Complaint of Paln Complaint of Paln

MUCR Additional Occupants	Agency Humber 2 5 0 4 — 2 0 1 1 0 0 0 4 8 6 3 1 Page 0 6 of 0 6
00. Vehicle #: 01. First Name RAYUNNA 02. Address Same as Person # 04. City White O Hispanic	Last Name Shoulder and Lap Belt
S F S Black Other Op. Vehicle #: O1. First Name	O 3 Partially Complaint of Pain O Deployed - Side No Airbag O Deployed - Both
O 1 O2. Address Some as Person # O4. City	NICHOLS Front-Middle
S F S Stack Other	O Partially O Complaint of Pain O Deployed - Side No Airbag O Deployed - Both
O0. Vehicle #: O1. First Name O 1 DEJUONTA O2. Address Same as Person # O4. City	Front-Driver 3rd-middle Shoulder and Lap Bett Shoulder Bett Sh
White Hispanic	Not Deployed - Front Not Deplo
00. Vehicle #: 01. First Name O	Comparison of the control of the c
Mispanic S F S Black Other	By 12 M B N N S Not S ONOR OLIfe Threatening T ODeployed - Front ONOR Deployed Partially S OMOderate OKilled ODeployed - Side No Airbag Totally S Moderate OKilled ODeployed - Both